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FEC FORM 3X

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines STRAIGHT TALK AMERICA PO Box 9785 ADDRESS (number and street) Check if different than previously **ALEXANDRIA** ۷A 22304 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00413245 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 05 0 1 2007 05 3 1 2007 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Keith Davis Type or Print Name of Treasurer Electronically Filed by Keith Davis 06 20 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

F	Report Covering the Period: From:		To: 0 5 3 1 2 0 0 7
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1		33386.58
	(b) Cash on Hand at Begining of Reporting Period	2793.29	
	(c) Total Receipts (from Line 19)	110.00	88805.39
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2903.29	122191.97
7.	Total Disbursements (from Line 31)	-4981.26	114307.42
8.	Cash on Hand at Close of		
	Reporting Period (subtract Line 7 from Line 6(d))	7884.55	7884.55
9.	Debts and Obligations owed TO		
	the committee (Itemize all on Schedule C and/or Schedule D)	10525.86	
10.	Debts and Obligations owed BY		
	the committee (Itemize all on Schedule C and/or Schedule D)	205058.30	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

19. Total Receipts (add Lines 11(d),

20. Total Federal Receipts

12, 13, 14, 15, 16, 17, and 18(c))

(subtract Line 18(c) from Line 19)

STRAIGHT TALK AMERICA

0 1 3^D1 м м 0 5 м м 0 5 2007 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 0.00 54000.00 (i) Itemized (use Schedule A) 110.00 2604.38 (ii) Unitemized (iii) TOTAL (add 110.00 56604.38 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 15000.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 110.00 71604.38 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 9.60 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 17191.41 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)).

110.00

110.00

88805.39

88805.39

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	5518.74	124707.42
	(c) Total Operating Expenditures		
_	(add 21(a)(i), (a)(ii) and (b))	5518.74	124707.42
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to		
	Federal Candidates/Committeesand Other Political Committees	-7500.00	-7500.00
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E) Coordinated Expenditures Made by Party	0.00	3.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
8.	Refunds of Contributions To: (a) Individuals/Persons Other	0.00	100.00
	Than Political Committees	0.00	100.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	100.00
9.	Other Disbursements	-3000.00	-3000.00
	Federal Election Activity (2 U.S.C 431(20))		
υ.	(a) Shared Federal Election Activity		
	(from Schedule H6)	2.22	
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
1.	Total Disbursements (add Lines 21(c), 22,	4004.00	114007 40
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	-4981.26	114307.42
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)	-4981.26	114007.40
	from Line 31)	-4981.26	114307.42

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures				
33. Total Contributions (other than loans) from Line 11(d), page 3)	110.00	71604.38		
34. Total Contribution Refunds (from Line 28(d))	0.00	100.00		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	110.00	71504.38		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5518.74	124707.42		
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	9.60		
88. Net Operating Expenditures (subtract Line 37 from Line 36)	5518.74	124697.82		

	CHEDULE B (FEC Form 3X)	Use seperate s			R LINE NUMBER: PAGE 6 / 27								
	EMIZED DISBURSEMENTS	for each catego Detailed Summ	nary Page	X 21b 27	22 2 28a 2	28b 2	25 8c 29	26 30b					
	y Information copied from such Reports and Sta for commercial purposes, other than using the n												
\setminus	NAME OF COMMITTEE (In Full)												
$ \rangle$	STRAIGHT TALK AMERICA												
Α.	Full Name (Last, First, Middle Initial) American Express				Transactio Date of Dis	_	1B.97410						
	Mailing Address PO Box 1270	Mailing Address PO Box 1270											
	City Newark		Code 101-1270		Amount of I	Each Disbu	irsement this						
	Purpose of Disbursement Credit Card Payment(See Attached Memos)	001			151.	20							
	Candidate Name		C	ategory/ Type									
	Office Sought: House Disbu Senate President	rsement For: Primary Other (specify)	General ▼										
_	State: District: Full Name (Last, First, Middle Initial)												
B.	American Express				Date of Dis	bursement	1B.97410.0						
	Mailing Address PO Box 1270				05	17	žoŏ	7 1					
	City Newark	State Zip NJ 071	Code 101-1270		Amount of I	Each Disbu	rsement this	Period					
	Purpose of Disbursement Membership Renewal			001			35.	00					
	Candidate Name		I .	ategory/ Type	MEMO IT								
	Office Sought: House Disbu Senate President State: District:	rsement For: Primary Other (specify)	General ▼		[MEMO IT	EWJ							
C.	Full Name (Last, First, Middle Initial) Efax Plus				Transactio Date of Dis		1B.97410.1						
	Mailing Address 6922 Hollywood Blvd 5th Floor				05	17	žoŏ	7 ^Y					
	City Los Angeles		Code 028		Amount of I	Each Disbu	rsement this						
	Purpose of Disbursement Faxing Services			001			16.	95					
	Candidate Name			ategory/ Type	MEMO IT								
	Senate President	rsement For: Primary Other (specify)	General		[MEMO IT	EMJ							
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_	OTAL This Period (last page this line number or	nlv)		•									

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$\overline{}$	NAME OF COMMITTEE (In Full)														
\rangle	STRAIGHT TALK AMERICA														
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City State Zip Code Washington DC 20001								f Each	Disburse	emen	t this F	erio	d		
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	Mailing Address 1100 Wythe Street					0 ^M 5	М	/ 1	7 /	Ý Ž	0 ŏ 7	· Y			
	City Alexandria	State Zip Code VA 22314				Amou	ınt o	f Each	Disburse	emen		-	d		
	Purpose of Disbursement Postage 001										95.2	20			
	Candidate Name	Category/ Type				[MEM	ı	TEM1							
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	Full Name (Last, First, Middle Initial)					Trans	anti	ion ID:	SB21B	074	17				
Э.	Care First Blue Cross Blue Shield					Date		isburse	ement			V			
	Mailing Address PO Box 79749					0 5		1	7 /	2	0 ŏ 7				
	City Baltimore	State Zip Code MD 21279				Amou	ınt o	f Each	Disburse	emen		-	d		
	Purpose of Disbursement Health Insurance			001	1	L		-			460.0	00			
	Candidate Name			tegory/ Γype											
	Office Sought: House Senate President State: District:	ement For: Primary Genera Other (specify)	ıl												
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STRAIGHT TALK AMERICA																
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City Alexandria	State Zip Code VA 22304			Am	ount	of Each	Disburse	emen	t this P	erioc	_					
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Full Name (Last, First, Middle Initial) Courtney Nahigian						tion ID: Disburse	SB21B ement	.974	36							
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City Alexandria	State Zip Code VA 22304			Am	ount	of Each	Disburse	emen	t this P	erioc						
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or for commercial purposes, other than using the nan	ne and address of any political co	mmi	ttee to s	olicit c	ontrib	utions fro	om such	comn	nittee		
NAME OF COMMITTEE (In Full) STRAIGHT TALK AMERICA											
Full Name (Last, First, Middle Initial)				Tı	ansac	tion ID:	SB21B	.974	22		
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Mailing Address PO Box 5756				05 18 7 2007							
City Akron	State Zip Code OH 44101			Α	mount	of Each	Disburse	emen	t this P	erio	t
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Bank Charges		QC)1	-							
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President	Other (specify)										
State: District: Full Name (Last, First, Middle Initial)				_							
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State: District:											
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Purpose of Disbursement Employer Contribution Payroll Taxes		00	11	1 L				. 1	642.3	5	
Candidate Name			gory/								
Office Sought: House Disburs	ement For: Primary General Other (specify) ▼										
State. District.				Г				_		_	_
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5(CHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE NUMBER:	PAGE 10/27
T	EMIZED DISBURSEMENTS		(check only one) X 21b 22 28a	23 24 25 26 28b 28c 29 30b
	y Information copied from such Reports and for commercial purposes, other than using t			
\rangle	NAME OF COMMITTEE (In Full) STRAIGHT TALK AMERICA			
۱.	Full Name (Last, First, Middle Initial) Sprint PCS		Date of D	ion ID: SB21B.97419 isbursement
	Mailing Address PO Box 1769		0.5	17 2007
	City Newark	State Zip Code NJ 07101-1769	Amount o	of Each Disbursement this Period
	Purpose of Disbursement Telephone		001	72.55
	Candidate Name	C	ategory/ Type	
	Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	•	72.55
TOTAL This Period (last page this line number only)	<u> </u>	5763.65

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An	y Information copied from such Reports and Statem	ents may no	ot be sold or used	by any person f	or the purpose of solic	ating contributions
or 1	for commercial purposes, other than using the name	e and addres	ss of any political	committee to so	licit contributions from	such committee
\rangle	NAME OF COMMITTEE (In Full) STRAIGHT TALK AMERICA					
	Full Name (Last, First, Middle Initial)				Transaction ID: SE	323.97445
۹.	INDIANA REPUBLICAN STATE COMMITT		Date of Disburseme	ent		
	Mailing Address 47 South Meridian		05 7 3 1	['] 2007		
		State	Zip Code		Amount of Each Dis	sbursement this Period
		IN	46204			5000.00
	Purpose of Disbursement Voided Check			011		-5000.00
	Candidate Name			Category/ Type		
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General cify) ▼			
	Full Name (Last, First, Middle Initial)					200.07444
3.	TALENT FOR SENATE COMMITTEE				Transaction ID: SE	ent
	Mailing Address 147 North Meramec, Ste.		0 5 3 1	['] 2007		
		State MO	Zip Code 63105		Amount of Each Dis	sbursement this Period
	Purpose of Disbursement Voided Check			011		-2500.00
	Candidate Name TALENT FOR SENATE COMMITTEE			Category/ Type		
	Office Sought: House X Senate President State: MO District: 00	ment For: Primary Other (spe	General cify)			

SUBTOTAL of Disbursements This Page (optional)	•	-7500.00
TOTAL This Period (last page this line number only)	•	-7500.00

TEMES DISPUSSEMENTS	Use seperate schedule(s)		check or				_ F	AGE	12/2	. /					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	\Box 2	22 28a	23 28b	24 28c	X	25 29		26 30b				
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or for commercial purposes, other than using the name	e and address of any political co	mm	ittee to s	olicit	contrib	utions fr	om such	comn	nittee						
NAME OF COMMITTEE (In Full) STRAIGHT TALK AMERICA															
Full Name (Last, First, Middle Initial)				Т	ransa	ction ID	: SB29.9	9744	 6						
A. Alcona County Republican Committee					м м	Disburs		Y Y	Y	Υ					
Mailing Address PO Box 19	Mailing Address PO Box 19							05 7 3 1 7 2 0 0 7							
City Mikado	State Zip Code MI 48745			4	Mount	of Each	Disburs	emen	t this P	erio	k				
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President	Other (specify)														
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Ionia County Republican Committee				_		Disburs									
Mailing Address PO Box 303			05 7 3 1					ž	0 ŏ 7	Y					
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Mailing Address 279 N. Burgess				[0 5	/ D3	3 1 /	Ý ž	0 ŏ 7	Υ					
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS Use seperate schedule(s) for each category of the Detailed Summary Page 21b 22 23 24 25 26 30b 22 27 28a 30b 28b 29 30b 30b 22 27 28a 30b 28b 29 30b	0	CHEDIII E B /EEC Form 2V			
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) STRAIGHT TALK AMERICA Full Name (Last, First, Middle Initial) A. Oscoda County Republican Committee Mailing Address PO Box 652 City Mio State Zip Code Mil 48647 Purpose of Disbursement Voided Check Candidate Name Office Sought: House Primary General President State Zip Code Mailing Address PO Box 820 City State Zip Code Mil 49734 Purpose of Disbursement Voided Check Candidate Name Other (specify) ▼ Office Sought: House Senate Primary General Purpose of Disbursement Voided Check Candidate Name Office Sought: House Disbursement Voided Check Candidate Name Office Sought: House Senate Primary General Purpose of Disbursement Voided Check Candidate Name Office Sought: House Disbursement For: Category' Type Office Sought: House Senate Primary General President Other (specify) ▼		•		(chack onl	
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) STRAIGHT TALK AMERICA Full Name (Last, First, Middle Initial) A. Oscoda County Republican Committee Mailing Address PO Box 652 City State Zip Code MI 48647 Purpose of Disbursement Voided Check Candidate Name Office Sought: House Disbursement For: Senate President Primary General Primary General Purpose of Disbursement this Period Date of Disbursement this Period Transaction ID: SB29.97448 Date of Disbursement this Period Amount of Each Disbursement this Period Transaction ID: SB29.97450 Date of Disbursement ID: SB29.97450 Date of Disb	IT	EMIZED DISBURSEMENTS		' lè r	
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B. Full Name (Last, First, Middle Initial) Otsego County Republican Committee Mailing Address PO Box 820 City State Zip Code Gaylord MI 49734 Purpose of Disbursement Voided Check Candidate Name Office Sought: House Senate Primary General President Disbursement For: Senate Primary General Other (specify) ▼			Other (specify)		
B. Otsego County Republican Committee Mailing Address PO Box 820					
Mailing Address PO Box 820 City State Zip Code Gaylord MI 49734 Purpose of Disbursement Voided Check Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Other (specify) ▼ Date of Disbursement Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type Office Sought: Primary General Other (specify) ▼	D				
Mailing Address PO Box 820 City State Zip Code Gaylord MI 49734 Purpose of Disbursement Voided Check Candidate Name Office Sought: House Senate President Other (specify) ▼ Amount of Each Disbursement this Period 11 Category/ Type Amount of Each Disbursement this Period 11 Category/ Type Office Sought: Primary General Other (specify) ▼	Ь.	Otsego County Republican Committee			
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Purpose of Disbursement Voided Check Candidate Name Category/ Type Office Sought: House Primary General President Other (specify)		,			Amount of Each Disbursement this Period
Voided Check Candidate Name Office Sought: House Senate Primary Primary Other (specify) Other (specify) Other (specify) Other (specify) Other (specify)		Gaylord	MI 49734		4000.00
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼					-1000.00
Office Sought: Disbursement For: Senate Primary Other (specify)					
Office Sought: House		Candidate Name			
Senate Primary General Other (specify) ▼		Office Country 11		l i ype	
President Other (specify) ▼		· —		d.	
			, <u> </u>	u	
		State: District:	□ Otrier (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	-1500.00
TOTAL This Period (last page this line number only)	•	-3000.00

(Use separate schedule(s) for each

PAGE 14 / 27 FOR LINE NUMBER: (check only one)

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Excluding Loans		numbered line)	10				
NAME OF COMMITTEE (In Full) STRAIGHT TALK AMERICA							
A. Full Name (Last, First, Middle Initial) of Debtor HEATHER WILSON FOR CONGRESS	or Creditor		Nature of Debt (Purpose): Travel - Airfare and Lodg- ing				
Mailing Address PO Box 14070							
City State Albuquerque NM	ZIP Code 87191						
Outstanding Balance Beginning This Period 454.80			nsaction ID: SD9.96368				
Amount Incurred This Period 0.00	Payment This Period 0.00		ng Balance at Close of This Period 454.80				
B. Full Name (Last, First, Middle Initial) of Debtor Karen Floyd 2006 Campaign	or Creditor	Nature of D Travel-Air	ebt (Purpose): fare				
Mailing Address 113 West Main Street							
City State Spartanburg SC	ZIP Code 29306						
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD9.96364				
791.23 Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period				
0.00	0.00		791.23				
C. Full Name (Last, First, Middle Initial) of Debtor MIKE DEWINE FOR US SENATE	or Creditor		Nature of Debt (Purpose): Travel-Airfare				
Mailing Address PO Box 340188							
City State Columbus OH	ZIP Code 43234						
Outstanding Balance Beginning This Period 9279.83		Tra	nsaction ID: SD9.96363				
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period				
0.00	0.00		9279.83				
1) SUBTOTALS This Period This Page (optional)		▶	10525.86				
2) TOTALS This Period (last page this line number of	only)	>	10525.86				
3) TOTALS OUTSTANDING LOANS from Schedu	le C (last page only)	>					
4) ADD 2) and 3) and carry forward to appropriate I	ne of Summary Page (last page only)	>					

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EBTS AND OBLIGATIONS xcluding Loans			(check only one) 9 X 10
AME OF COMMITTEE (In Full) FRAIGHT TALK AMERICA	L	, , , , , , , , , , , , , , , , , , ,	
A. Full Name (Last, First, Middle Initial) of Debtor American Express	or Creditor	Nature of D Research ed Charge	ebt (Purpose): Services (Disput-
Mailing Address PO Box 1270			
City State Newark NJ	ZIP Code 07101-1270		
Outstanding Balance Beginning This Period 0.00		Tra	nsaction ID: SD10.97416
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
199.00	0.00		199.00
B. Full Name (Last, First, Middle Initial) of Debtor Campaign Solutions	or Creditor	Nature of D Website E	ebt (Purpose): Expense
Mailing Address 118 North Saint Asaph St.			
City State Alexandria VA	ZIP Code 22314		
Outstanding Balance Beginning This Period 0.00		Tra	nsaction ID: SD10.97432
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
62.18	0.00		62.18

C. Full Name (Last, First, Middle Initial) of Debto Caplin & Drysdale	Nature of Debt (Purpose): Consultant-Legal			
Mailing Address One Thomas Circle, NW S				
City State Washington DC	ZIP Code 20005			
Outstanding Balance Beginning This Period 3006.40		Transaction ID: SD10.97158		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period		
0.00	0.00	3006.40		

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1) SUBTOTALS This Period This Page (optional)				_					32	267	.58	
					-						-	
2) TOTALS This Period (last page this line number only)		L										
ON TOTAL CONTOTANDING LOANS (core Ochool to O (total core col.))	•	Г										
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)		H	-	+	_	\Rightarrow	\Rightarrow	=	=	-	_	\Rightarrow
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	•											

(Use separate schedule(s) for each

PAGE 16 / 27 FOR LINE NUMBER: (check only one)

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Excluding Loans		numbered line) X 10
NAME OF COMMITTEE (In Full) STRAIGHT TALK AMERICA		
A. Full Name (Last, First, Middle Initial) of Debtor or Caplin & Drysdale	Creditor	Nature of Debt (Purpose): Consulting-Legal
Mailing Address One Thomas Circle, NW Ste.	. 1100	
City State Washington DC	ZIP Code 20005	
Outstanding Balance Beginning This Period		Transaction ID: SD10.97383
1017.91		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1017.91
B. Full Name (Last, First, Middle Initial) of Debtor or Caplin & Drysdale	Creditor	Nature of Debt (Purpose): Consultant-Legal
Mailing Address One Thomas Circle, NW Ste.	. 1100	
City State Washington DC	ZIP Code 20005	
Outstanding Balance Beginning This Period		Transaction ID: SD10.97376
37.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	37.00
C. Full Name (Last, First, Middle Initial) of Debtor or Caplin & Drysdale	Creditor	Nature of Debt (Purpose): Consultant-Legal
Mailing Address One Thomas Circle, NW Ste.	. 1100	
City State Washington DC	ZIP Code 20005	
Outstanding Balance Beginning This Period		Transaction ID: SD10.97441
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
630.00	0.00	630.00
SUBTOTALS This Period This Page (optional)		1684.91
2) TOTALS This Period (last page this line number onl		
3) TOTALS OUTSTANDING LOANS from Schedule	C (last page only)	>
4) ADD 2) and 3) and carry forward to appropriate line	of Summary Page (last page only)	>

(Use separate schedule(s) for each

PAGE 17 / 27 FOR LINE NUMBER: (check only one)

Excluding Loans		numbered line)	X 10				
NAME OF COMMITTEE (In Full) STRAIGHT TALK AMERICA							
A. Full Name (Last, First, Middle Initial) of Debtor of Connell Donatelli, Inc.	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Connell Donatelli, Inc.						
Mailing Address PO Box 1877							
City State Alexandria VA	ZIP Code 22313						
Outstanding Balance Beginning This Period		Tra	Transaction ID: SD10.97377				
6725.00	Decreed This Best d	المراجع الأراق	on Balance at Oliver of This Build				
Amount Incurred This Period 0.00	Payment This Period 0.00		ng Balance at Close of This Period 6725.00				
B. Full Name (Last, First, Middle Initial) of Debtor (Federal Express	or Creditor	Nature of D Delivery E	ebt (Purpose): Expense				
Mailing Address PO Box 371461							
City State Pittsburgh PA	ZIP Code 15250-7461						
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.97384				
17.42							
Amount Incurred This Period	Payment This Period		ng Balance at Close of This Period				
0.00	17.42		0.00				
C. Full Name (Last, First, Middle Initial) of Debtor (Huckaby Davis Lisker	or Creditor		Nature of Debt (Purpose): Consulting-Compliance				
Mailing Address 228 S. Washington St., Suit	te 115						
City State Alexandria VA	ZIP Code 22314						
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.97380				
2014.67							
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period				
0.00	0.00		2014.67				
1) SUBTOTALS This Period This Page (optional)		•	8739.67				
2) TOTALS This Period (last page this line number o	>						
3) TOTALS OUTSTANDING LOANS from Schedule	.						
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page only)	>					

(Use separate schedule(s) for each

PAGE 18 / 27 FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) STRAIGHT TALK AMERICA						
A. Full Name (Last, First, Middle Initial) of Debtor Huckaby Davis Lisker	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Huckaby Davis Lisker					
Mailing Address 228 S. Washington St., Su	ite 115					
City State Alexandria VA	ZIP Code 22314					
Outstanding Balance Beginning This Period 0.00		Tra	nsaction ID: SD10.97435			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period			
1000.00	0.00		1000.00			
B. Full Name (Last, First, Middle Initial) of Debtor Huckaby Davis Lisker	or Creditor		Debt (Purpose): ce Consultant			
Mailing Address 228 S. Washington St., Su	ite 115					
City State Alexandria VA	ZIP Code 22314					
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.97424			
0.00						
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period			
1000.00	0.00		1000.00			
C. Full Name (Last, First, Middle Initial) of Debtor IDMI	or Creditor		Nature of Debt (Purpose): Database File Maintenance			
Mailing Address 490 White Pond Drive						
City State Akron OH	ZIP Code 44320					
Outstanding Balance Beginning This Period 2972.77		Tra	nsaction ID: SD10.97381			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period			
0.00	0.00		2972.77			
1) SUBTOTALS This Period This Page (optional)		. •	4972.77			
2) TOTALS This Period (last page this line number of	only)	. >				
3) TOTALS OUTSTANDING LOANS from Schedu	le C (last page only)	. •				
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NAME OF COMMITTEE (In Full) STRAIGHT TALK AMERICA						
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor IDMI			Nature of Debt (Purpose): Database File Maintenance			
Mailing Address 490 White Pond Drive						
City State Akron OH	ZIP Code 44320					
Outstanding Balance Beginning This Period 0.00			Tra	nsaction ID: SD10.97427		
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period		
140.00		0.00		140.00		
B. Full Name (Last, First, Middle Initial) of Debtor IDMI	or Creditor			ebt (Purpose): File Maintenance		
Mailing Address 490 White Pond Drive						
City State Akron OH	ZIP Code 44320					
Outstanding Balance Beginning This Period			Tra	nsaction ID: SD10.97426		
0.00 Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period		
50052.14		0.00		50052.14		
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Courtney Nahigian			Nature of D Salary	ebt (Purpose):		
Mailing Address 331 Cameron Station Blvd						
City State Alexandria VA	ZIP Code 22304					
Outstanding Balance Beginning This Period			Tra	nsaction ID: SD10.97378		
3201.90 Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period		
0.00	320	1.90		0.00		
1) SUBTOTALS This Period This Page (optional)		>		50192.14		
2) TOTALS This Period (last page this line number	only)	>				
3) TOTALS OUTSTANDING LOANS from Schedu	lle C (last page only)	>				
4) ADD 2) and 3) and carry forward to appropriate	ine of Summary Page (last page	only)				

(Use separate schedule(s) for each

PAGE 20 / 27 FOR LINE NUMBER: (check only one)

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Excluding Loans		numbered line) X 10			
NAME OF COMMITTEE (In Full) STRAIGHT TALK AMERICA					
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Courtney Nahigian		Nature of D Salary	Nature of Debt (Purpose): Salary		
Mailing Address 331 Cameron Station Blvd.					
City State Alexandria VA	ZIP Code 22304				
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.97423		
0.00 Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period		
3201.90	0.00		3201.90		
B. Full Name (Last, First, Middle Initial) of Debtor or Paychex	Creditor		ebt (Purpose): Contribution Pay-		
Mailing Address 7450 Tilghman St., Ste. 107					
City State Allentown PA	ZIP Code 18106-9037				
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.97382		
1642.35	Decreed This Decid	الدعدة المادي	Delegan of Olean of This Bestel		
Amount Incurred This Period 0.00	Payment This Period 1642.35		ng Balance at Close of This Period 0.00		
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Paychex		Employer roll Taxes	Nature of Debt (Purpose): Employer Contribution Payroll Taxes		
Mailing Address 7450 Tilghman St., Ste. 107					
City State Allentown PA	ZIP Code 18106-9037				
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.97428		
0.00	D	0 "	D. C. CTU D. C.		
Amount Incurred This Period 1642.35	Payment This Period 0.00		ng Balance at Close of This Period		
SUBTOTALS This Period This Page (optional)		•	4844.25		
2) TOTALS This Period (last page this line number only	у)	>			
3) TOTALS OUTSTANDING LOANS from Schedule	C (last page only)	>			
4) ADD 2) and 3) and carry forward to appropriate line	of Summary Page (last page only)	-			

(Use separate schedule(s) for each

PAGE 21 / 27 FOR LINE NUMBER: (check only one)

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Excluding Loans		numbered line) (check only one) X 10			
NAME OF COMMITTEE (In Full) STRAIGHT TALK AMERICA					
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Richard Quinn & Associates			Nature of Debt (Purpose): Consultant-Polling		
Mailing Address 1600 Gervais Street					
City State Columbia SC	ZIP Code 29201				
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.97204		
26725.00					
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period		
0.00	0.00		26725.00		
B. Full Name (Last, First, Middle Initial) of Debto Southwest Publishing and Mailing Corp.	or or Creditor		ebt (Purpose): il-Postage/Produ-		
Mailing Address 2600 NW Topeka Blvd.					
City State Topeka KS	ZIP Code 66617				
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.86868		
65843.20					
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period		
0.00	0.00		65843.20		
C. Full Name (Last, First, Middle Initial) of Debto Southwest Publishing and Mailing Corp.	or or Creditor		ebt (Purpose): il-Postage/Produ-		
Mailing Address 2600 NW Topeka Blvd.					
City State Topeka KS	ZIP Code 66617				
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.96351		
16648.18					
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period		
0.00	0.00		16648.18		
1) SUBTOTALS This Period This Page (optional).		>	109216.38		
2) TOTALS This Period (last page this line number	only)	>			
3) TOTALS OUTSTANDING LOANS from Sched	ule C (last page only)	>			
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)	-			

(Use separate schedule(s)

PAGE 22 / 27 FOR LINE NUMBER:

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Excluding Loans			numbered line) (check only one)			
	E OF COMMITTEE (In Full)			<u> </u>		X 10
	AIGHT TALK AMERICA					
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):			
S	trategic Telecommunications			Telemarke	eting	
N	lailing Address 7591 9th Street North					
	7001001000110101					
	ity State	ZIP Code				
C	Pakdale MN	55128				
	Outstanding Balance Beginning This Period			Trai	nsaction ID: SD10.96	353
	20822.60					
	Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of T	his Period
			,	Outotarian		
	0.00	0.00	U _		20	0822.60
	Full Name (Last, First, Middle Initial) of Debtor o	r Croditor		Nature of D	ebt (Purpose):	
	&M Protection Resources	Creditor		Security	eot (Purpose).	
				,		
N	lailing Address 42 Broadway, Ste. 1630					
	ity State	ZIP Code				
	lew York NY	10004				
	Outstanding Balance Beginning This Period			Tro	nsaction ID: SD10.97	161
	1 1 1 1 1 1 1 1 1			IIai	iisaction ib. OD10.97	101
	1200.00					
	Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of T	his Period
	0.00	0.00	ם "			200.00
	Full Name (Last, First, Middle Initial) of Debtor o	r Creditor			ebt (Purpose):	
U	S Postal Service			Postage		
N	lailing Address 1100 Wythe Street					
	Troc tryino en eet					
	ity State	ZIP Code				
A	lexandria VA	22314				
	Outstanding Balance Beginning This Period			Trai	nsaction ID: SD10.97	'430
	0.00					
	Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of T	his Period
		0.00	2	1 1		
	118.00	0.00	J			118.00
1) S	UBTOTALS This Period This Page (optional)		. •	>	22140.	60
					205059	20
2) T	OTALS This Period (last page this line number on	ly)	[}]		205058.	30
3) T	OTALS OUTSTANDING LOANS from Schedule	C (last page only)	j	. []		
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4) A	DD 2) and 3) and carry forward to appropriate line	e of Summary Page (last page only)	·) 1	-		

Form/Schedule: **F3XN**Transaction ID:

The Committee wishes to disclose the following: 1) No expenditures disclosed on Schedule B, Line 21b were made on behalf of any specifically identified federal candidate. All expenditures made on behalf of a specifically identified federal candidate have been disclosed on Schedule B, Line 23. 11 CFR 104.3 (b) and 106.1 2) No expenditures disclosed on Schedule B, Line 21b were made for public communications (as defined by 11 CFR 100.26) or voter drive activity (under 11 CFR 106.6(b)(2)(i)) containing express advocacy as defined under 11 CFR 100.22 and thus did not constitute in-kind contributions or independent expenditures. 3) The committee has reviewed all travel and subsistence expenditures, and reviewed the reporting requirements outlined at 11 CFR 104.9 and in the instructions for Schedule B. There is no further itemization required under any Commission regulation for these expenditures.

Form/Schedule: SB23 Check originally issued 4/26/06, never cashed. See FEC-281975, SB23.35362

Transaction ID: SB23.97445

Form/Schedule: SB23 Check originally issued 4/6/06, never cashed. See FEC-281975, SB23.35404 Transaction ID: SB23.97444 Check originally issued 4/24/06, never cashed. See FEC-281975, SB29.35436 Form/Schedule: SB29 Transaction ID: SB29.97446

Form/Schedule: SB29 Check originally issued 4/26/06, never cashed. See FEC-281975, SB29.35522 Transaction ID: SB29.97449 Check originally issued 4/26/06, never cashed. See FEC-281975, SB29.35590 Form/Schedule: SB29 Transaction ID: SB29.97447

Form/Schedule: SB29 Check originally issued 4/26/06, never cashed. See FEC-281975, SB29.35596 Transaction ID: SB29.97448 Check originally issued 4/26/06, never cashed. See FEC-281975, SB29.35598 Form/Schedule: SB29 Transaction ID: SB29.97450

Image# 27930841544 Form/Schedule: SD10 Disputed charge on May American Express bill. Credit issued in June, 2007. Transaction ID: SD10.97416